

Child and Adult Care Food Program

TO THE FAMILIES OF ADULT DAY CARE CENTER PARTICIPANTS:

A member of your household is enrolled in a care facility which participates in the U.S. Department of Agriculture's **CHILD & ADULT CARE FOOD PROGRAM**. Facilities that participate in the program receive financial assistance from the USDA to help cover the cost of serving nutritious meals and snacks to participants.

The USDA Regulations [7 CFR 226] require:

- Income eligibility information to be collected, at a minimum, every year;
- Income information must be kept **confidential** by the center, and is to be used only by Center staff directly connected with the Center's administration of the program, and officials directly connected with the Center's administration and enforcement of the program.
- **Prompt and accurate completion and return of the Income Eligibility Form (IEF).**
- Meals must be provided to adult participants at no separate charge, and families must not be required to provide food for the adult participant.

The Montana CACFP is committed to improving the health of all Montanans and encourages all facilities to plan nutritious meals for your family member.

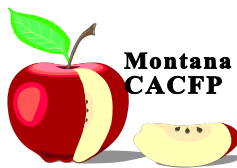
- Offer a Variety of Nutritious Foods
- Offer Meals Low in Fat, Saturated Fat, and Cholesterol by Serving Low Fat Meat and Milk
- Serve One Good Food Source of Vitamin A Every Other Day
- Serve One Good Food Source of Vitamin C Every Day
- Serve 4-6 Iron Sources Every Day

The facility your family member attends is required to serve adequate, nutritious and healthy meals and snacks. The facility may not charge for meals and snacks, nor expect you to provide any food.

We are pleased to have your family member enrolled in the Montana CACFP.

Thank you.

Mary Musil, Program Manager
Early Childhood Services Bureau



INCOME ELIGIBILITY & ENROLLMENT FORM
July 1, 2007 through June 30, 2008
For Participants in Adult Care Centers – Confidential Information

08

Name of Center _____

1. Enrolled participant's name and age:

LAST NAME FIRST NAME AGE

2. Benefit Information – Circle if you are receiving:

Food Stamps SSI FDPIR Medicaid

REQUIRED: List your 6-digit case number:

3. Income Eligibility

Please list **ALL** members of your household and their incomes. List **ALL** income received last month on the same line with the person who received it. You must list gross income **BEFORE** deductions for taxes, social security, etc. List each amount in the correct column.

A List all Household Members' First and Last Names	B Monthly Earnings from Work (Before Deductions)	C Monthly Child Support, Alimony, or Public Assistance	D Monthly Payments From Pensions, Retirement, or Social Security	E Other Income From IRS 1040 Income Statement

Total Number in Household _____ Total Household Income _____ by month

5. Please check the racial or ethnic identity of the participating adult. This is not mandatory.

☐ White, not Hispanic ☐ Hispanic ☐ Black, not Hispanic ☐ Asian or Pacific Islander ☐ Native American or Alaskan Native

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

6. SIGN HERE

Signature of Responsible Adult

Social Security Number

Date

Social Security Number: Federal Law (PL 97-35) requires you to list your Social Security Number as the parent or guardian who signs this form, before the adult may be eligible for free or reduced priced meals. You do not have to give your Social Security Number, but failure to provide the number will result in denial of this application for free or reduced priced meals. The Social Security Number may be used to identify you for verifying the information you report on this application. If incorrect information is discovered, a loss of benefits or legal action may occur.

The information you have provided is confidential.

7. I May Decline to Provide Information

I choose not to provide information about my household size and income.

Signature of Responsible Adult

Date

CENTER USE ONLY

Total Household Income _____ by month Total Number in Household _____

(Monthly Income Conversion: Every 2 weeks: Multiply by 2.15. Twice a month: Multiply by 2. Weekly: Multiply by 4.33.)

Center Official Signature

Date

_____ Free _____ Reduced _____ Paid

HOW TO COMPLETE THE INCOME ELIGIBILITY FORM

Dear Parent or Guardian:

Please assist us in complying with the requirements of the USDA's Child & Adult Care Food Program (CACFP) by completing and promptly returning the attached **Income Eligibility & Enrollment Form**. This information will be kept in file by the facility and will be kept confidential.

- Section 1** List all participants enrolled and list their age.
- Section 2** If the participant is eligible for Food Stamps, SSI, or FDPIR, circle the appropriate program and list the 6-digit case number. Now skip to numbers 4 and 5.
- Section 3** If your income falls within the guidelines below:
- ✓ List all household members **and**
 - ✓ List all income received last month next to the name of the person who received it.
- Section 4** Households are asked to check the race/ethnic identity of the participant listed in Section 1.
- Section 5** Section 5 must be signed by a responsible adult household member and must include the social security number of the person signing the application.

Participants are to be served the same meals within the same facility at no separate charge and without discrimination.

Please complete the "Income Eligibility & Enrollment" Form and return it as promptly as possible.

<u>USDA INCOME GUIDELINES</u>			
(Effective from July 1, 2006 through June 30, 2007)			
<u>Household Size</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$18,889	\$ 1,575	\$ 364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,203	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230
For each additional family member add:	+6,438	+537	+124

NOTE: Please keep these Income Guidelines. DO NOT circle figures and return the Guidelines to your facility. You must report actual income on the Income Eligibility Form.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability."

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer."